PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004									Application or Docket Number			
-	· ·		AS FILED -	·····					10/	1321840		
	, or a series	Olanino,		(Column 1)		(Column 2)		SMALL ENT	mry _	OR	OTHER SMALL	
.U.S	s. NATIONAL						RATE	FEE	7	RATE	FEE	
BA:	SIC FEE	P. 67	SMALL ENT.	. = \$ 150	LAR	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	
EX/	AMINATION FE	E <b>E</b>	Satisfies PCT A			other situations =		EXAM FEE	<del></del>	1	EXAM. FEE	150
SE/	ARCH FEE	U.S. is ISA = \$ ALL other cou	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	200	
FEF	E FOR EXTRA	SPEC. PGS.		minus 100 =		/50 =		X \$ 125 =	<del> </del>	1	X \$ 250 =	au
тот	TAL CHARGEA	3 mir	, 3 minus 20 =		*		X \$ 25 =		OR	X \$ 50 =	<del> </del>	
IND	DEPENDENT CL	1 - <del></del>	; minus 3 =		*		X \$ 100 =		OR	X \$ 200 =	<del>  _</del>	
MUI	LTIPLE DEPEN	NDENT CLAIM PRE		ESENT				+\$ 180 =	<del>                                     </del>	OR	+ \$ 360 =	
* H	i the difference	e in column 1 is I	less than zerc	o, enter "(	O" in c	olumn 2		TOTAL	<del> </del>	OR	TOTAL	<b>-</b>
		-: ::::0 10		= ~	_			i		1		<u></u>
	CLAIMS AS AMENDED - PART II							SMALL E	HTITY	OR	OTHER SMALL E	
一	T .	(Column 1)  CLAIMS		(Colun	EST	(Column 3)			ADDI-	) 	SINIWEF F	
ENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	SENTATION OF M	ULTIPLE DEPE	ENDENT (	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT.										OR	TOTAL ADDIT. FEE	
ĺ		(Oakima 1)								J	,	
		(Column 1) CLAIMS		(Colum	EST	(Column 3)	Γ		1001	, r	· · · · · · · · · · · · · · · · · · ·	
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	l	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus .	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=		X \$ 100 =	·	OR	X \$ 200 =	
	FIRST PRES	ENTATION OF MU	JLTIPLE DEPE	NDENT C	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
_	TOTAL ADDIT. FEE										TOTAL ADDIT. FEE	
											FEL M	<u> </u>
	If the entry in colu	ımn 1 is less than the	in column 2	non ir	L	_						
1	If the "Highest Nur	mber Previously Paid	For IN THIS SPA	ACF is less	than '20	0° enter "20"						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												